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Canina kıymak – ‘crushing life energy’: a qualitative study on lay and professional understandings of suicide and help-seeking among Turkish migrants in the UK and in the Netherlands

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ABSTRACT

Currently, little is known about the views that Turkish migrants hold towards suicide, which may differ from the narratives held by native inhabitants of their host countries. Central to improving the provision of mental health services, furthering our knowledge of these views is important. The aim of this research was to explore Turkish cultural understandings on suicide and help-seeking for suicide. A qualitative study included data from 6 focus groups and 7 individual interviews with 38 Turkish-speaking lay people and 4 key informants living in the Netherlands or the UK during the year 2014/2015. Through the analysis of participants' stories and narratives, the following key themes emerged in relation to suicide: suicide as an escape from failure and as a failure in itself; acculturation orientation; parenting style; and shame and stigma. There were more similarities than differences between the themes among laypersons and key informants from two countries. *Canina kıymak* (crushing life energy) was a strong metaphor for personal distress. Suicide was perceived as a failing of responsibilities towards the family and community. Future research should aim to give voice to all ethnocultural groups to further the present understanding of suicide and help-seeking processes in these communities.

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Introduction

Epidemiological differences in suicide rates between countries as well as within countries have been explained by the context of culture and ethnicity (e.g., Bhui, 2010; Hjelmeland, 2011; Lester, 2012; Vijayakumar, John, Pirkis, & Whiteford, 2005). The current suicide research literature is limited by the theories generated from research among Western European societies that were treated as relatively homogenous in terms of ethnicity and religion (e.g., Hjelmeland, 2011). This limitation brings several challenges to healthcare systems, especially in improving the provision and accessibility of adequate mental health services for migrants and ethnic minorities. Given these challenges, for instance in the UK, the recent publication of the updated National Institute for Health and Care Excellence schizophrenia guidelines (National Institute for Health and Care Excellence, 2014)

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suggests the need for improving existing knowledge on cultural views of mental health, suicide and help-seeking processes among these highly diverse populations.

Currently, there is insufficient information on cultural views of suicide among migrants. The existing literature suggests that besides acculturation orientation, individual meanings and religious beliefs are important factors determining migrant views on suicide (Bhui, 2010). In the UK, for instance, Muslim communities seem to be more often morally opposed to suicide compared to Hindu communities (Kamal & Lowental, 2002). Several methodological issues exist with the current literature. Very often, the cultural groups studied are too broad (e.g., Muslims and Hindus) and the cultural, ethnic and religious variations within these broad categories are ignored (Colucci & San Too, 2015). As a result, not much is known about suicide and help-seeking patterns among some ethnic groups within these broad categories, such as the Turkish speaking communities, despite their long history of migration in Western Europe.

The Turkish diaspora in Europe mainly comprises three main groups: Turkish Cypriots, mainland Turks and Kurdish communities. These groups migrated to Europe for different historical and political reasons (Enneli, Modood, & Bradley, 2005). Besides the cultural, ethnic and religious differences between these groups, there are commonalities shared by all as a result of their history of interaction. For example, traditionalism (the strong religious and ethnic identification with their heritage culture) is common among the Turkish migrants in Germany, Belgium and the Netherlands (e.g., Ersanilli & Koopmans, 2010). The traditional family structure emphasizing conformity and the importance of family honour seems to persist in Turkish migrant families, especially in Germany, Belgium and The Netherlands (Güngör, 2008). In recent years, there has been a shift among young Turkish women from traditional conservative gender role attitudes toward more egalitarian ones (e.g., willingness to study, participate in public life, share responsibility) even though their attitudes toward family obligations and parental authority do not often differ from those of men (e.g., Gungor & Bornstein, 2009; Phalet & Schonpflug, 2011).

Suicide is often proposed to be prohibited by the Islam (the dominant religion in this group) and therefore expected to be protective against suicide (Lester, 2006). It is also believed that Muslim populations are protected from suicide because of their traditionalism and strong sense of community cohesiveness (Lester, 2006) as such characteristics would give them access to their informal network (family, friends) to seek help. Nevertheless, the growing literature on suicide in this population indicates that Turkish-speaking communities in Europe face special risks of suicidal behaviours, which reflect the risks in their countries of origin (Schouler-Ocak, 2015). For instance, the age standardized suicide rate in Turkey is 7.9/100000, which is higher than the rates in Iran, Italy, China and the UK (World Health Organisation, 2012). In the Netherlands, Turkish migrants most often die by suicide at a younger age compared to indigenous Dutch people (Turkish men: 32, Turkish women: 32; Dutch men: 48, Dutch women: 51 [Garssen, Hoogenboezem, & Kerkhof, 2006]). Furthermore, although completed suicide rates appear to be mostly lower in Turkish migrants in Europe, rates of suicidal thinking and attempted suicide do not appear to be lower, as many studies report increased rates (e.g., the Netherlands, Belgium, Germany) compared to indigenous populations (Burger, van Hemert, Bindraban, & Schudel, 2009; Lindert, Schouler-Ocak, Heinz, & Priebe, 2008; van Bergen, van Balkom, Smith, & Saharso, 2012). The consistency in these suicide trends between mainland Turkey (Bağlı & Sever, 2003; Sayıl & Devrimci-Özgüven, 2002) and host countries in Europe suggests the continuity of an interplay between culture-specific risk factors (e.g., honour-related issues) and universal risk factors (e.g., unemployment) leading to suicide through (or regardless of) the migration process (Schouler-Ocak, 2015).

The current study explores the cultural views on suicide and help-seeking for suicidal behaviours, which are vital to guide the suicide prevention and management efforts in Turkish communities. Given the diversity within Turkish populations and the difficulty in previous studies of identifying a representative Turkish immigrant sample (e.g., Unlu Ince, Cuijpers, van't Hof, Wouter, Christensen, & Riper, 2013), the current research attempted to include various ethnic and religious groups representing the Turkish diaspora (i.e., Kurdish, Turkish Cypriot, Alevi and Sunni Muslims) from different generations (first, second and third) in two host countries in Europe. In the existing

literature, the main limitations for the generalizability of previous qualitative studies of culturally-specific factors leading to higher attempted suicide rates among Turkish migrants are their exclusive focus on one Turkish subpopulation (Alevi [e.g., Cetin, 2015]) and the lack of information about the Turkish subpopulations participating in the study (Razum, Zeeb, Akgun, & Yilmaz, 1998; van Bergen et al., 2012). The reason for running the current study in two countries was to see whether differences in historical and ideological contexts preceding migration to these countries and/or host country factors had an influence on Turkish people's understanding of suicide and help-seeking for suicide.

Methods

Design

This qualitative study was conducted in the Netherlands and in the UK. It concerned in-depth one-to-one interviews with key informants and laypersons, and focus-group interviews with laypersons. Key informants were professionals who were well known to the community through their profession or networks. Lay persons were young adults from the community aged 18 and over, who had knowledge of suicide events in Turkish communities (through word of mouth or through the media), who were either born in Turkey or who had at least one parent and/or grandparent born in Turkey and sufficient command of the English, Turkish or Dutch language. Not agreeing with the ground rules of the focus-group meetings (not disclosing personal information, not using group meetings as a therapy session) was an exclusion criteria. Laypersons' agreement with the ground rules was checked during the informed consent process prior to the focus-group meetings. Focus groups were chosen as a method to interview laypersons as this method would be more likely to permit access to a broad range of perspectives identified within Turkish culture in comparison to individual interviews. Individual interviews with key informants were chosen as a method in order to have more in-depth information on suicide events that key informants come across in their network of community members. Ethical approval for this study was granted by the Medical Ethical Committee of the VU Amsterdam University in the Netherlands and by the Queen Mary University of London Research Ethics Committee in the UK.

Recruitment and sampling

Participants were recruited through social media and through liaison with key people and ethnocultural community groups. A search for relevant non-governmental organizations and community groups on Facebook resulted in 30 relevant pages and 36 groups. A standard text was shared as a post in all these pages and groups. This text was shared in LinkedIn, Twitter and through the WhatsApp application of the iPhone. Additionally, the first author (O.E.) approached potential participants from their networks through face-to-face contact and through email, based on their knowledge of potential key informants, participants or community groups.

Group and individual interview procedures

At the beginning of each group interview, participants were asked the open-ended question: We are here today to talk about your opinions and knowledge on suicide in the Turkish-speaking community. Let's start with what the concept 'suicide' brings to your mind and what people try to commit suicide in your opinion and why?

A topic guide was then used to guide the conversation towards the main areas of interest: definitions and views of suicide, knowledge and perceptions of risk factors, normative evaluation of the behaviour, coping behaviour, help-seeking behaviour and barriers. This guide was established on the basis of relevant literature and discussions with clinicians working with Turkish populations in each country (the Netherlands and the UK). Participants (key informants and lay persons) were asked to relate their understanding of the Turkish culture to suicide and related help-seeking.

The interviews lasted for one hour on average and were conducted at the VU Amsterdam University and the Queen Mary University of London tutorial rooms and in the rooms located in the buildings of the community organizations. All interviews were audio recorded with the informed consent of the participants. All participants consented to publication of their interview data using pseudonyms.

Analysis

Interview recordings were transcribed verbatim. Pseudonyms were assigned to each interviewee. Thematic analysis was conducted that aimed to identify, analyze and report themes within the participant and key informants' descriptions of their experience and views of suicide, seeking help and disclosing suicidal behaviours, referring to their understanding and experience of the Turkish culture (Braun & Clarke, 2006). First, the coding system (and categories and themes developed on the basis of the coding process) was developed gradually and collaboratively. The coding system developed on theoretical grounds and included following categories: definition of suicide (i.e., the words or concepts they use to define suicide), normative evaluation of suicide, risk factors leading to suicide, protective factors against suicide and normative evaluation of help-seeking for suicide. Each of these categories had a number of sub-categories and codes. The most important categories were: normative evaluation of suicide, risk factors leading to suicide and normative evaluation of help-seeking for suicide. The definition and protective factors were less central compared to the others and helped interpreting the information coded under these main categories. This coding system was developed by O.E. and was checked independently by J.I.¹ Once an agreement was reached, it was further developed, refined and applied to the transcripts. O.E. was the main coder and J.I. was involved as a second coder, who systematically counter-checked the coding, to assure the robustness and internal validity of the coding. The data was coded manually. Disagreements over the coding were discussed between the main and the second coder and, where necessary, external experts (qualitative researchers or clinical psychologists who are experienced in qualitative research) were consulted (two times). Detailed descriptive accounts were produced for each major theme alongside the related extracts from participants' transcripts. Analysis continued until no new themes emerged from the transcripts. Four themes were validated between the coders and considered more central than the others as they were pivotal in the discussions in relation to the culturally-specific issues related to suicide in Turkish populations. These were: (1) suicide as an escape from failure, and as a failure in itself, (2) acculturation orientation, (3) parenting style, (4) shame and stigma regarding suicidality and help-seeking.

Results

Overview of the data collection process and notes about emotions at the meeting

A total of 42 people of Turkish descent, aged 18–63 years, comprising of 35 women and 7 men, participated in the study. Table 1 shows the demographic characteristics of participants in the two countries.

There was self-definition of ethnocultural group membership. In the UK, 10 laypersons identified themselves as Sunni Muslim and traditional (strong religious and ethnic identification with their heritage culture) and 2 laypersons identified themselves as Kurdish Alevi and secular. Only 2 of them did not identify themselves with any ethnic background and religion. In the Netherlands, 9 laypersons defined themselves as Sunni Muslim and traditional, 2 of them considered themselves as secular Arabic Alevis and 1 did not identify themselves with any ethnic background and religion. Most of the time, ethnocultural composition of focus-group meetings was mixed. The reason for this was the ethnic and cultural variation of the community groups who agreed to promote the study within their own network members and organizations.

Table 1. Demographic characteristics of participants.

| | Individual interviews with key informants | | Individual interviews with laypeople | Focus group interviews with laypeople | |
|---------------------|---|---|--------------------------------------|---------------------------------------|--|
| | The UK <i>n</i> = 2 <i>n</i> (%) | The Netherlands <i>n</i> = 2 <i>n</i> (%) | The UK <i>n</i> = 3 <i>n</i> (%) | The UK <i>n</i> = 14 <i>n</i> (%) | The Netherlands <i>n</i> = 12 <i>n</i> (%) |
| Gender | | | | | |
| Male | 1 (50) | 2 (100) | 1 (33) | 3 (21) | 1 (8) |
| Female | 1 (50) | 0 | 2 (66) | 11 (78) | 11 (91) |
| Age | | | | | |
| 18–35 | 0 | 1 (50) | 0 | 6 (43) | 8 (66) |
| 36–49 | 1 (50) | 0 | 1 (33) | 3 (21) | 2 (16) |
| > 50 | 1 (50) | 1 (50) | 2 (66) | 5 (36) | 2 (16) |
| Occupational status | | | | | |
| Employed | 2 (100) | 2 (100) | 0 | 4 (28) | 4 (33) |
| Unemployed | 0 | 0 | 3 (100) | 10 (71) | 8 (66) |
| Education level | | | | | |
| None/ primary | 2 (100) | 0 | 2 (66) | 6 (42) | 0 |
| Middle | 1 (50) | 0 | 1 (33) | 2 (14) | 1 (8) |
| Higher education | 2 (100) | 2 (100) | 0 | 6 (43) | 11 (91) |

Note: In focus-group interviews in the UK, the number of laypeople from the: first generation = 11, second generation = 4, and third generation = 6. In focus group interviews in the Netherlands, the number of laypeople from the first generation = 2, second generation = 4, and third generation = 8.

Another challenge was related to the discomfort associated with discussing suicide in a group setting. Therefore, in the UK, some participants did not want to be in a group setting, and O.E. interviewed these participants alone. Two of them identified themselves as Turkish Cypriot and had close relatives who had history of suicide.

More similarities than differences were observed between the narratives of key informants and laypersons in the two countries. Thus, it was decided to analyze the key informant and layperson transcripts together. The few differences that were observed are noted and discussed in the results and discussion section.

Laypersons named several metaphors related with suicide and help-seeking (see Table 2). *Canına kıymak* (crushing life energy) was the strongest metaphor, which was associated with distress and suicide and was used commonly by many first, second and third-generation participants in both countries.

Through the analysis of all the narratives, seven themes appeared in relation to participants' attitudes and conceptualizations of suicide, coping and help-seeking patterns in Turkish populations. Four of these themes: (1) suicide as an escape from failure and as a failure in itself, (2) acculturation orientation, (3) parenting style and shame and stigma regarding suicidality and (4) help-seeking, are

Table 2. List of metaphors appeared in relation to suicide and help-seeking during the interviews.

| Metaphor | Meaning |
|-----------------------------|--|
| <i>Canına kıymak</i> | 'Can' stands for life energy and 'kıymak' is a process of producing minced meat or cutting objects into small pieces. This is commonly used among laypeople to talk about suicide. |
| <i>Şeytana uymak</i> | Failing to act according to God's will, which will be punished in the afterlife. |
| <i>Gururuna yedirememek</i> | Taking something personal and turning it into a pride issue. It is often used by men to describe a situation where they feel provoked to prove someone wrong. |
| <i>Acı söz</i> | A thoughtless word (bitter taste) making someone feel humiliated. |
| <i>İmtihanı kaybetmek</i> | In the context of religion, it means failing to pass the life exam in material world hence failing to deserve a good afterlife. |
| <i>Bunalıma girmek</i> | A process in which people silently keep everything to themselves. <i>Bunalım</i> is typically used to talk about depression among laypeople. |
| <i>Çileden çıkmak</i> | Losing the grip as a result of <i>bunalım</i> . |
| <i>Cinnet geçirmek</i> | Losing control, not being able to take anymore. |

Table 3. Themes related to perceived causes of suicide, emerging from focus-group and individual interviews with 42 people (35 women, 7 men) of Turkish descent, aged 18–63, in the Netherlands and the UK.

| Themes related to perceived causes of suicide | The Netherlands <i>n</i> = 16 <i>n</i> (%) | The UK <i>n</i> = 26 <i>n</i> (%) |
|---|--|-----------------------------------|
| 1. Suicide as an escape from failure, and failure in itself | 9 (56) | 13 (88) |
| 2. Suicide is an act of overt and covert aggression | 5 (31) | 6 (26) |
| 3. Acculturation orientation | 15 (94) | 7 (27) |
| 4. Parenting style | 8 (50) | 9 (35) |
| 5. Shame, and stigma regarding suicidality and help-seeking | 16 (100) | 13 (50) |
| 6. Coping and somatization | 7 (44) | 11 (69) |
| 7. Perceived intrusiveness and a disapproving attitude in a relationship aimed at helping | 10 (62) | 4 (15) |

Notes: 1: Mostly among all traditional laypersons from first, second and third generations in both countries; 2: Mostly among first and second-generation Kurdish, Turkish Cypriot laypersons and among key informants in both countries; 3: Mostly among third-generation traditional laypersons in the Netherlands and first and second-generation Alevi and key informants in both countries; 4: Mostly among all first-generation laypersons in both countries; 5: Mostly among all laypersons and all generations in both countries; 6: Mostly among first-generation traditional laypersons and key informants in both countries; 7: Mostly among traditional laypersons from all generations in the Netherlands.

presented and discussed in detail. Table 3 summarizes all themes that emerged and shows the variation across countries, different participants and generations.

Suicide as an escape from failure and as a failure in itself

This theme was especially relevant to strongly traditional laypersons in the Netherlands and in the UK. Alevi Kurdish laypersons and key informants with secular ideology often did not speak about suicide as a failure.

Many traditional laypersons referred to suicide as an act to escape from the consciousness of failure in meeting religious standards for being a good person. Some laypersons used metaphors: *şeytana uymak* and *imtihamı kaybetmek* (see Table 2, Metaphors 2 and 4) often when religion was mentioned in relation to suicide.

Some of them referred to life events (such as loss of a loved one, break up) as ‘exams’ from Allah to test the capacity to endure pain. According to this perspective, suicide action is a failure in itself and means lacking the religious values of patience, endurance and self-sacrifice, which were important to pass the ‘life exam’ in order to deserve a good afterlife:

According to my faith [Sunni Muslim], death is only the beginning. It is the beginning of the real life and what we are experiencing now is only an exam. Committing suicide means failing that exam. The pain God has given you is exactly what you can tolerate. (Layperson, the Netherlands)

Several laypersons believed that culture-bound gender roles (i.e., the role of a man as a family leader; the subordinate role of woman, who is required to conform) were embedded within the Islamic faith. They argued that failing to fulfil these gender role expectations was often followed by gossip in the community and led to isolation of the person who had failed. They spoke about gossip as the worst thing that could happen to someone. Under these circumstances, suicide was often a way to escape from the idea of failing and associated feelings of shame. As part of these gender roles, *namus* (honour) was often defined as a collective concept showing the family’s standing in the community. Some participants used the metaphor: ‘his man’s pride was hurt’ (see Table 2, Metaphor 3) in order to describe a situation in which a man felt ashamed for failing to practice his manhood, which meant failing to protect the honour of the family:

I know a man. He found out that his wife was cheating on him. This was followed by gossip in the community. His ‘man’s pride’ was hurt. He couldn’t tolerate the gossip any longer and he committed suicide. (Layperson, the Netherlands)

We usually hear young girls committing suicide to protect the honour of the family. If they lose their virginity before they get married, the society finds their suicide attempt normal. (Layperson, the Netherlands)

As the preceding quotes indicate, for several traditional laypersons, culture was an important context, teaching people to live for the community instead of themselves. Some discussed an image of a person who had lived in divergence from the norm of their systems that were thought to protect the person's wellbeing, such as religion, family and community. It was indicated that this isolated state was justified, especially when gender role expectations were not fulfilled. In these circumstances, suicide was normalized in the community.

Acculturation orientation

This theme consistently emerged between various Alevi, Kurdish and traditional laypersons in two countries. Many referred to diasporic culture as a 'separate culture' comprising traditional values from their mother culture as well as from Dutch and British values that they had acquired during their settlement process. Many third-generation laypersons spoke about a struggle with their choice of an acculturation strategy: whether they should maintain their heritage culture or whether they should integrate into Dutch/British culture. Variation in laypersons' views about how this struggle was related with distress and suicide emerged. Some traditional laypersons mentioned this struggle as an advantage, encouraging them to take responsibilities (e.g., learning how to manage their personal workload whilst helping their relatives) from an early age. They argued that failing to acknowledge differences between cultures could result in separation from their protective systems (family, community) and to suicide. By contrast, several key informants and Alevi laypersons believed that this struggle was in fact a disadvantage, as older generation's expectations of the younger generation to choose heritage culture often exacerbate the distress, which sometimes leads to suicide:

You are expected to choose a group. In my experience 90% of them choose Turkish culture, hence their parents. When it comes to choosing ... I find it very difficult. *Why do you have to choose?* Once you choose then you have less space for personal development. I never identified myself with being Turkish. That made it easy to improve myself in terms of religion and culture. Once you don't have this comfort, I think you are more likely to experience conflicts with your friends and with your family. Eventually if there is no development and no communication then psychological problems start and suicide is part of this picture. (Layperson, the Netherlands)

Several key informants believed that a perceived pressure to choose heritage culture often led young people unconsciously or consciously to *split* between different roles they play on different occasions. Some argued that although this strategy seemed adaptive to be able to fit in to different contexts (school, family, neighbourhood), it was perhaps mentally exhausting for younger generations, which precipitated further conflict and distress related to their uncertainty about their identity:

Young people try to integrate and spend every single day fighting for it ... They play a different role at home with their parents, a different role at school and a different one with their peers in their neighbourhood. This exhausts them as far as I can see. *They play three theatres every single day.* (Key informant, the UK)

For some laypersons, 'splitting' followed a trajectory leading to suicide. They believed that splitting was a heavy psychological burden for some young men, rendering them vulnerable to participating in gangs and using drugs. They argued that although this might have seemed a way of boosting their confidence as a man, being a criminal and police arrests most often brought shame to the family. Their resentment and regret sometimes gradually separated them from family and community. For these young men, suicide might be an escape from this marginalized position:

You know gang culture exists ... Suicide is common among people belonging to those gangs. Once they are asked whether they are coward or *chicken* by their peers then they are provoked to prove the opposite and they become a member of a gang ... Then mafias take them in. People who want to escape, end up committing suicide. (Key informant, the UK)

Several laypersons argued that a similar trajectory leading to a marginalization and suicide is also possible for young women. Many young traditional laypersons often expressed a difficulty with their perceived pressure on prioritizing social obligations whilst fulfilling their school-related or

work-related obligations. Some key informants believed that imposing gender roles was much stronger for women in a traditional family structure. They believed that young women who come from this strict religious background were more likely to question their parents' understanding of gender roles, as these values were in conflict with the idea of gender equality that they learned from their experiences with the host culture. This was identified as a distressing factor, often encouraging women to move out of the family home, leading to intergenerational conflict, resentment and suicide attempts:

This is especially difficult for girls ... I knew a family ... once the mother said 'my daughter washes her brother's feet' in front of her daughter. The girl left the room immediately ... Then I asked her why does she have to do that? She said '*she is a girl of course she has to do it*' ... After a while the girl became very rebellious and moved out. Her father constantly threatens to kill her without even questioning themselves. (Key informant, the UK)

Parenting style

Variations in opinions about the role of parenting in suicide events emerged between older and younger generations from different ethnocultural groups in the two countries. First-generation traditional laypersons spoke about permissive parenting (i.e., not being aware of children's whereabouts) as the main reason for young person's involvement with gangs and drugs. Many argued that parental control (i.e., questioning young people and being aware of their whereabouts) would protect young person from getting involved in gangs, which may result in suicide attempts.

Several second and third-generation laypersons, however, did not see parental control as protection from suicide. By contrast, they identified these controlling attitudes as 'over-protective', encouraging suicidal people to distance themselves even more from their parents. They argued that this would eventually lead to *bunalım* (see Table 2, Metaphor 5) and suicide. Some traditional laypersons believed that an over-protective parenting style had greater contribution in suicidal events among young women as they were expected to be family oriented (e.g., spending more time with the family). They further argued that men could escape from 'being over-involved with the family' to some extent, for example through their participation in sports, whilst women did not.

Some key informants spoke about a breakdown in the traditional family structure as a result of the migration process. They argued that young generations gained status in a family structure as a result of their language proficiency (in Dutch or in English). In contrast to the traditional family structure emphasizing parental control, parents started to negotiate with them as children grew up. According to these key informants, repetition of negotiations often resulted in a type of relationship between children and parents based on interests, leaving youth ill equipped to function in society:

Children grow up in a different world until they turn to six. They experience lack of affection from their father who is almost absent ... The mother, who is constantly oppressed, shows '*chicken-type*' protection to her children. Instead of showing affection, she tries to take them under her wings like a chicken. Then a sort of relationship based on interests starts ... '*If you don't do this we will buy this for you*'. Then children, growing up in this world, believe that life is based on this give and take principle. But once they go to school, they realize that life outside the house is completely different. (Key informant, the UK)

Furthermore, the sort of relationship based on interests sometimes resulted with parentification (reversed parent and child roles). Accordingly, children who were expected to take responsibilities of a parent (e.g., accompanying a parent during GP visits, translating the personal information related to the presenting problems of a parent) from an early age would develop the belief that they should do everything by themselves. Some key informants referred to this belief as an important reason limiting Turkish migrants' problem solving skills, such as asking for help and perspective taking. They believed that this destructive thinking style (i.e., being overly self-reliant) sometimes put Turkish people in an outsider position, such as having difficulty in fitting in school life or sometimes encouraged them to express their emotional problems physically (somatisation) or through a suicide attempt.

Shame and stigma regarding suicidality and help-seeking

Shame and stigma in relation to suicide disclosure and help-seeking consistently emerged among all laypersons in the two countries. There were few differences between key informants and laypersons about help-seeking. Some key informants argued that help-seeking was delayed until suicidal thoughts and emotional problems piled up and resulted in a crisis situation. Laypersons often defined these crisis situations with the following metaphors: *cileden çıkmak* and *cinnet geçirmek* (see Table 2, Metaphors 6 and 7). Being different from key informants, many laypersons considered informal help-seeking (i.e., talking to relatives and friends within their network) to be an adequate substitute for consulting formal mental healthcare services among many laypersons. Consulting religious leaders was identified as a common help-seeking strategy only among traditional laypersons who were deeply religious.

Many laypersons indicated that people with suicidal behaviours often did not use available formal healthcare unless it was recommended to them by their social network. Several barriers to help-seeking were mentioned. They consistently spoke about interplay between shame and stigma (i.e., rejecting attitude to suicide disclosure) often leading to reluctance to seek help:

She [a relative with suicidal thoughts] was only talking to herself, she was keeping everything to herself. She was so ashamed. (Layperson, the UK)

You think of others before you talk about your issues in public. You try to cover it up so no one can hear about it in the community. Because if they hear, they will stop talking to you, they will think you are crazy. (Layperson, the Netherlands)

Many laypersons and key informants believed that the person with suicidal thoughts often felt ashamed and rejected in response to comments from the ethnic community indicating that the suicidal person was well off materially. Therefore, it was not understandable for community members why the person was suffering:

Ah poor you ... Why are you so sad, you have got everything you want in your life – you have a house, you have money, you are the only son of your family so what else you want from life why are you making big deal out of this? (Layperson, the UK)

Several laypersons believed that covering up and keeping them to oneself were often used to hide emotional ups and downs related to suicidal thoughts. Many laypersons believed that in some instances, relatives or friends were able to discern such changes in a suicidal person's mood or behaviours. Some argued that relatives sometimes tried to occupy the person with light hearted and fun activities instead of talking directly about the changes:

They don't try to seek help. If they want to there is no barrier. They try to solve their [children's] problems themselves sometimes through money, sometimes through more protection or sometimes through occupying them with activities. But these attempts are not solution to their children's problems. (Layperson, the UK)

Several laypersons believed that when the suicidal thoughts were related to family problems, people often preferred to keep them to themselves. One Turkish Cypriot layperson used the metaphor *acı söz* (see Table 2, Metaphor 4) in order to describe the mixed feelings of resentment and hurt when a loved one talks down to someone, which could cause suicidal thoughts:

Sometimes you are hurt by your loved ones [family] the most. But if this is the case, then you hesitate to talk to others or professionals because you don't want to betray your family. (Layperson, the Netherlands)

Several key informants spoke about stigma associated with going to a psychologist or a health professional in the community. Sometimes, third-generation laypersons attributed this reluctance to the existing belief that if they used health services, it would be a bad reference for them in future job applications. One key informant spoke extensively about how they experienced stigma associated with seeing a professional and adjusted their services according to Turkish populations in their practice:

The therapeutic relationship with Turkish service users is based on negotiation. They ask for a letter. Then I tell them that if they want a letter then they should also open up themselves more. (Key informant, the Netherlands)

Discussion

This qualitative study has identified views, meanings and metaphors related to suicide and help-seeking among Turkish laypersons and key informants in the Netherlands and the UK. The observations noted more similarities than differences within these narratives between the two countries. The findings indicate that the understanding of suicide as a failing of responsibilities towards the family and community is central to the main stressors (acculturation orientation, transformation in the family system) leading to suicidal behaviours. In the help-seeking process for suicide, feelings of shame (putting down the family) and the stigma associated with suicide are identified as major barriers limiting Turkish migrants' access to their formal and informal networks to seek help. The findings further suggest that, within informal networks, emotions and personal issues related to suicide are usually not discussed, and suicidal people often feel rejected in response to their relatives' attempts to cover these issues up.

One explanation for observing more similarities between the two diaspora and three ethno-cultural Turkish groups could be related to the role of the social network (e.g., family) regulating and overseeing beliefs and attitudes about suicide and help-seeking for suicide. Arguably, this shared knowledge of suicide is not so much influenced in their countries of settlement. The most remarkable example for this was the metaphor *canına kıymak*, which was well known and understandable to all laypersons and key informants from different generations and from different backgrounds. This metaphor refers to the self (*can*) as a collective being that is part of one's relatives and the whole community. Destroying this self (*kıymak*) means also destroying all the co-existing systems (family, friends).

Another explanation for the existing similarities between the perspectives of laypersons could be related to the small number of laypersons representing some communities (e.g., Alevi, Kurdish) in the current study. In fact, some differences were observed in the sample. For instance, traditional laypersons who identified themselves as deeply religious used 'we' language much more compared to Alevi and Kurdish laypersons, who sometimes did not identify themselves with any community. The religious values connecting an individual to bigger social networks (e.g., family, community) and protecting them from suicide were often considered oppressive by Alevi and Kurdish laypersons. Thus, more differences between laypersons from different backgrounds could have been observed if the sample size had been bigger for each of the various groups representing Turkish populations.

The link between suicide and the younger generation's concerns over failing responsibilities towards the family and community has been observed in many other populations sharing collectivistic cultural values, such as Gypsy communities (Lester, 2015), the indigenous American community (e.g., Lester, 2012, p. 71), Chinese communities (Tseng & Wu, 1985, p. 15), African communities (Mugisha, Hjelmeland, Kinyada, & Knizek, 2012) and South Asian Muslim communities in the UK (Kamal & Lowenthal, 2002; Till & Bhugra, 2015). This study suggests that in Turkish populations such concerns are often precipitated by intergenerational conflicts over the younger generation's choice of an acculturation strategy. Compared to young men, the introduction of Western values such as autonomy and freedom of expression perhaps causes greater conflicts between young women and their parents during the acculturation process. Arguably in a traditional family structure, the stigma of women who have gone astray (or spoilt the *namus*) (van Bergen et al., 2012) is more distressing for young women of Turkish descent and more likely to lead to splitting between multiple roles (e.g., being a modest girl with the family helping with the household chores and being an autonomous woman at work). This coping strategy may lead to an ambiguous position in their family and wider ethnic community, which may eventually result in suicide. However, for many young men, forming gangs perhaps does not clash with the traditional gender role values (assertiveness, the

superiority of men) and does not initiate cultural conflicts with parents at first. Later on, their regret and resentment for being a criminal perhaps gradually separates them from their family and community and may lead to *bunalım* preceding suicidal behaviours (Cetin, 2015).

The findings have also called attention to the shame and stigma associated with suicide that limits suicidal Turkish people's access to their informal (e.g., relatives and friends) and formal (e.g., GPs) networks. This finding is inconsistent with the cross-cultural studies by Eskin and colleagues (Eskin, 1999; Eskin, Palova, & Krokavcova, 2014; Eskin, Schild, Oncu, Stieger, & Voracek, 2015) suggesting the presence of more accepting and helping reactions to suicide disclosures among Turkish young adults compared to a number of European populations (Slovakia, Switzerland, Austria). These contradictory findings could be explained by the differences in research design between the current bottom-up (qualitative) research and the survey design that was used by Eskin and colleagues. It could be argued that the survey design in a school setting, with pre-designed questions from the researcher, gave more room for socially desirable answers. The current qualitative research design perhaps shed more light on the individual meanings attributed to helping reactions within Turkish migrants' informal networks. Thus, the reactions of relatives or friends to suicide disclosure might be perceived as rejection, which could exacerbate suicidal thoughts associated with being a failure and feelings of shame. For example, observations about peoples' attempts to keep a suicidal person occupied with fun activities may look like helping, but may in fact block the communication about the real issues causing suicidal thinking.

In the current study, observations about limited access to formal and informal networks to seek help further suggest the presence of ruminative processes about failure and aversive feelings (e.g., feeling humiliated, feeling ashamed). It could be argued that ongoing conflicts (e.g., honour-related issues) between generations elicit negative emotions (e.g., feeling ashamed, feeling guilty, feeling resentful). These aversive feelings would make it difficult to divert someone's attention away from these intense feelings through available coping behaviours (e.g., praying). Failing to rely on existing beneficial coping behaviours, or the lack of these altogether, could increase the chances of using somatization or self-harm as a coping strategy, as the physical sensation of pain would seem to be an available option to shift the attention away from ruminative thoughts about intense aversive feelings (Selby & Joiner, 2009). Observations regarding thought suppression (e.g., *bunalım* – a process of talking to oneself) provide support for this model. Further support for the relevance of this model for Turkish populations comes from a cross-sectional study suggesting that thought suppression has a strong relationship to behavioural dysregulation (i.e., self-harm) among Turkish university students in Turkey (Tuna & Bozo, 2013).

Strengths and limitations

The current research design among various Turkish groups addressed several methodological issues identified as critical for researching suicide in immigrant communities: trust-building, confidentiality and reaching a diverse sample (Colucci & San Too, 2015).

The current research attempted to include participants from various ethnocultural backgrounds within Turkish populations from different generations in two countries. Bilingual student researchers, who were familiar with these communities, were especially helpful in liaising with various community groups. Additionally, O.E. tailored the research approach according to the tangible requests of these community groups. For instance, individual interviews with some laypeople who did not want to be in a group meeting were organized in order to respect their concern for being labelled (i.e., being related to a suicidal person) in the community. This tailored approach helped participants to distance themselves from the topic as they were eager to talk about their experiences despite their initial unease when talking about suicide.

There are several limitations to this study. Three laypersons avoided self-identifying as belonging to any ethnic membership in a group setting. It may be that some laypersons felt it was safer to identify themselves as a traditional Sunni Muslim (representing the dominant religion) in a group setting.

As a result, there were fewer people self-identifying as being from Kurdish, Alevi and Turkish Cypriot backgrounds. Despite the small number of these participants, some differences between their views on suicide and help-seeking were indeed observed. Thus, future research should aim to give voice to all sub-groups to further the present understanding of suicide and help-seeking processes in these communities.

The sample was heavily gender skewed, with far more females than males (35 females, 7 males). Arguably during the interviews, honour-related factors were more often brought up by female laypersons as factors related with suicide compared to male laypersons.

Another limitation was related to not including laypersons and key informants currently residing in Turkey. The lack of comparison group from mainland Turkey limits the conclusions that can be drawn from observations about Turkish cultural views on suicide and how these views are maintained or re-constructed in two different diasporas. Future research should include a comparison group from mainland Turkey to enhance the generalizability of such observations.

Lastly, the data for the current study were based on retrospective accounts of memories and experiences of professionals and laypeople about suicide and help-seeking for suicide. Although participants' willingness to be involved in the research process was observed, their recounting of memories of suicide and help-seeking in their communities was likely to have been influenced by many factors related to circumstances prior to or during the interviews. This study does not claim to represent all the risk factors and mechanisms leading to suicide in all Turkish migrant populations, given that the communication between suicidal people and their networks (informal and formal) is often limited.

Conclusion

To conclude, this research has important implications for research and clinical practice with Turkish populations and, possibly, with other socially excluded immigrant communities. The understanding of suicide as a failure in relation to family and community expectations was found in Turkish populations and was associated with shame and stigma, leading to reluctance to seek help.

The research process supports a tailored research approach, based on trust-building, to engage migrants. The researchers hope to inform professionals about the lay perspectives on suicide and help-seeking process, which are vital to tailoring mental healthcare delivery to these populations. For instance, instead of directly questioning the presence of risk factors for suicide, which may trigger the feelings of shame, practitioners may find it useful to use metaphors (e.g., *bunalım*, *canına kıymak*) to explore the ruminative processes, presence of suicidal thoughts and the individual meanings attributed to such thoughts. This approach may help with rapport building. Lastly, while professionals need to tailor their approach, the informal networks (friends and relatives) of suicidal people should also be educated about risk factors, available resources for help and helpful reactions to help them engage with suicidal people (e.g., referring them to professionals) through community-based suicide prevention campaigns.

Note

1. J.I. was a bi-lingual clinical psychologist who took part in the data analysis process as a second coder.

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References

- Bağlı, M., & Sever, A. (2003). Female and male suicides in Batman, Turkey: Poverty, social change, patriarchal oppression and gender links. *Women's Health & Urban Life: An International and Interdisciplinary Journal*, 2, 60–84. Retrieved from <http://hdl.handle.net/1807/452>
- Bhui, K. (2010). Commentary: Religious, cultural and social influences on suicidal behaviour. *International Journal of Epidemiology*, 39, 1495–1496.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. doi:10.1191/1478088706qp063oa
- Burger, I., van Hemert, A. M., Bindraban, C. A., & Schudel, W. J. (2009). Parasuicide in The Hague: Incidences in the years 2000–2004 [in Dutch]. *Epidemiologisch Bulletin*, 40, 2–8.
- Cetin, U. (2015). Durkheim, ethnography and suicide: Researching young male suicide in the transnational London Alevi-Kurdish community. *Ethnography*, 0, 1–28. doi:10.1177/1466138115586583

- Colucci, E., & San Too, L. (2015). *Culture, cultural meanings, and suicide among people from migrant and refugee backgrounds*. In D. van Bergen, A.H. Montesinos, & M. Schouler-Ocak (Eds.), *Suicidal behavior of immigrants and ethnic minorities in Europe* (pp. 115–136). Gottingen, Germany: Hogrefe.
- Enneli, P., Modood, T., & Bradley, H. (2005). *Young Turks and Kurds: A set of 'invisible' disadvantaged groups*. York, UK: Joseph Rowntree Foundation.
- Ersanilli, E., & Koopmans, R. (2010). Rewarding integration? Citizenship regulations and the socio-cultural integration of immigrants in the Netherlands, France and Germany. *Journal of Ethnic and Migration Studies*, 36, 773–791.
- Eskin, M. (1999). Social reactions of Swedish and Turkish adolescents to a close friends' suicidal disclosure. *Social Psychiatry Psychiatr Epidemiol*, 34, 492–497.
- Eskin, M., Palova, E., & Krokavcova, M. (2014). Suicidal behaviour and attitudes in Slovak and Turkish high school students: A cross-cultural investigation. *Archives of Suicide Research*, 18, 58–73. doi:10.1080/13811118.2013.803448
- Eskin, M., Schild, A., Oncu, B., Stieger, S., & Voracek, M. (2015). A cross-cultural investigation of suicidal disclosures and attitudes in Austrian and Turkish university students. *Death Studies*, 39, 584–591. doi:10.1080/07481187.2015.1037971
- Garssen, M., Hoogenboezem, H., & Kerkhof, A. J. F. M. (2006). Zelfdoding onder migrantengroepen en autochtonen in Nederland. *Ned Tijdschr Geneesk*, 150, 2143–2149.
- Güngör, D. (2008). The meaning of parental control in migrant, sending and host communities: Adaptation or persistence? *Applied Psychology. An International Review*, 57, 397–416. doi:10.1111/j.1464-0597.2007.00323.x
- Güngör, D., & Bornstein, M.H. (2009). Gender, development, values, adaptation and discrimination in acculturating adolescents: The case of Turk heritage youth born and living in Belgium. *Sex Roles*, 60, 537–548.
- Hjelmeland, H. (2011). Cultural context is crucial in suicide research and prevention. *Crisis*, 32, 61–64. doi:10.1027/0227-5910/a000097
- Kamal, Z., & Loewenthal, K. M. (2002). Suicide beliefs and behavior among young Muslims and Hindus in the UK. *Mental Health, Religion & Culture*, 5, 111–118. doi:10.1080/13674670210141052
- Lester, D. (2006). Suicide and Islam. *Achieves of Suicide Research*, 10, 77–97. doi:10.1080/13811110500318489
- Lester, D. (2012). The cultural meaning of suicide: What does it mean? In D. Lester & E. Colucci (Eds.), *Suicide and culture: Understanding the context* (pp. 47–57). Gottingen, Germany: Hogrefe.
- Lester, D. (2015). Suicide among the Roma people and Irish travelers. In D. van Bergen, A. H. Montesinos, & M. Schouler-Ocak (Eds.), *Suicidal behavior of immigrants and ethnic minorities in Europe* (pp. 101–111). Gottingen, Germany: Hogrefe.
- Lindert, J., Schouler-Ocak, M., Heinz, A., & Priebe, S. (2008). Mental health, health care utilisation of migrants in Europe. *European Psychiatry*, 23, 14–20. doi:10.1016/S0924-9338(08)70057-9
- Mugisha, J., Hjelmeland, H., Kinyada, E., & Knizek, B. L. (2012). The internal dialogue between the individual and community: A discourse analysis of public views on suicide among the Baganda, Uganda. *International Journal of Culture and Mental Health*, 5, 1–15. doi:10.1080/17542863.2012.732589
- National Institute for Health and Care Excellence (2014). Psychosis and schizophrenia: Treatment and management (clinical guideline 178). Retrieved from <http://guidance.nice.org.uk/CG178>
- Phalet, K., & Schonpflug, U. (2011). Intergenerational transmission of collectivism and achievement values in two acculturation contexts: The case of Turkish families in Germany and Turkish and Moroccan families in the Netherlands. *Journal of Cross Cultural Psychology*, 32, 186–201. doi:10.1177/0022022101032002006
- Razum, O., Zeeb, H., Akgun, H. S., & Yilmaz, S. (1998). Low overall mortality of Turkish residents in Germany persists and extends into second generation: Merely a healthy migrant effect? *Tropical Medicine International Health*, 3, 297–303. doi:10.1046/j.1365-3156.1998.00233.x
- Sayil, I., & Devrimci-Ozguven, H. (2002). Suicide and suicide attempts in Ankara in 1998: Results of the WHO/EURO multicenter study of suicidal behaviour. *Crisis*, 1, 11–16. doi:10.1027//0227-5910.23.1.11
- Schouler-Ocak, M. (2015). *End your silence not your life: A suicide prevention campaign for women of Turkish origin in Berlin*. In D van Bergen, A.H. Montesinos, & M. Schouler-Ocak (Eds.), *Suicidal behaviour of immigrants and ethnic minorities in Europe* (pp. 173–185). Gottingen, Germany: Hogrefe.
- Selby, E. A., & Joiner, T. E. Jr. (2009). Cascades of emotion: The emergence of borderline personality disorder from emotional and behavioral dysregulation. *Review of General Psychology*, 13, 219–229. doi:10.1037/a0015687
- Till, A., & Bhugra, D. (2015). *Suicidal behaviour and sociocultural factors among South Asians in the UK*. In D van Bergen, A.H. Montesinos, & M. Schouler-Ocak (Eds.), *Suicidal behavior of immigrants and ethnic minorities in Europe* (pp. 77–90). Gottingen, Germany: Hogrefe.
- Tseng, W-S., & Wu, D Y. H. (1985). *Chinese culture and mental health*. London: Academic Press.
- Tuna, E., & Bozo, O. (2013). Exploring the link between emotional and behavioral dysregulation: A test of emotional cascade model. *Journal of General Psychology*, 1, 1–17. doi:10.1080/00221309.2013.834289
- Unlu Ince, B., Cuijpers, P., van't Hof, E., Wouter, B., Christensen, H., & Riper, H. (2013). Internet-based, culturally sensitive, problem-solving therapy for Turkish migrants with depression: Randomized controlled trial. *Journal of Medical Internet Research*, 15, e227. Retrieved from <http://www.jmir.org/2013/10/e227/>

- van Bergen, D. D., Van Balkom, A. J. L. M., Smith, J. H., & Saharso, S. (2012). 'I felt so hurt and lonely': Suicidal behavior in South Asian–Surinamese, Turkish and Moroccan Women in the Netherlands. *Transcultural Psychiatry*, 49, 69–86. doi:10.1177/1363461511427353
- Vijayakumar, L., John, S., Pirkis, P., & Whiteford, H. (2005). Suicide in developing countries: Risk factors. *Crisis*, 26, 112–119. doi:10.1027/0227-5910.26.3.112
- World Health Organisation. (2012). Global health observatory data repository. Retrieved from <http://apps.who.int/gho/data/node.main.MHSUICIDE?lang=en>